

## MEDICATION ADMINISTRATION RECORD

## BOSWELL PHARMACY SERVICES

814-629-1397 • Fax: 814-629-7644

| MEDICATIONS   | HOUR    | 1         | 2       | 3         | 4       | 5         | 6       | 7         | 8       | 9         | 10      | 11        | 12      | 13        | 14      | 15        | 16      | 17        | 18      | 19        | 20      | 21        | 22      | 23        | 24      | 25        | 26      | 27        | 28      | 29        | 30      | 31        |
|---|---------|-----------|---------|-----------|---------|-----------|---------|-----------|---------|-----------|---------|-----------|---------|-----------|---------|-----------|---------|-----------|---------|-----------|---------|-----------|---------|-----------|---------|-----------|---------|-----------|---------|-----------|---------|-----------|
|   |         | 1200      | 1       | 2         | 3       | 4         | 5       | 6         | 7       | 8         | 9       | 10        | 11      | 12        | 13      | 14        | 15      | 16        | 17      | 18        | 19      | 20        | 21      | 22        | 23      | 24        | 25      | 26        | 27      | 28        | 29      | 30        |
| IBUPROFEN 400MG TABLET<br>TAKE 1 MED BY MOUTH DO<br>TAKE ONE TABLET BY MOUTH<br>THREE TIMES DAILY WITH<br>FOOD FOR 14 DAYS  | P       | 4         | 2       | 3         | 4       | 5         | 6       | 7         | 8       | 9         | 10      | 11        | 12      | 13        | 14      | 15        | 16      | 17        | 18      | 19        | 20      | 21        | 22      | 23        | 24      | 25        | 26      | 27        | 28      | 29        | 30      | 31        |
| PROXYLINE 50MG CAP<br>FOR VISIT 50MG CAP BY MOUTH P<br>TAKE 1 CAPSULE BY MOUTH<br>1 BEDTIME AS NEEDED X 90<br>DAYS  | P       | 4         | 2       | 3         | 4       | 5         | 6       | 7         | 8       | 9         | 10      | 11        | 12      | 13        | 14      | 15        | 16      | 17        | 18      | 19        | 20      | 21        | 22      | 23        | 24      | 25        | 26      | 27        | 28      | 29        | 30      | 31        |
| ALFREZOLAM 1MG TABLET<br>1B FOR: XANAX 1MG TABLET LINIMENTH, P<br>TAKE 1 TABLET BY MOUTH<br>THREE TIMES DAILY AS<br>NEEDED X 90 DAYS  | P       | 4         | 2       | 3         | 4       | 5         | 6       | 7         | 8       | 9         | 10      | 11        | 12      | 13        | 14      | 15        | 16      | 17        | 18      | 19        | 20      | 21        | 22      | 23        | 24      | 25        | 26      | 27        | 28      | 29        | 30      | 31        |
| <p>1mg x 3 daily<br/>2hr apart<br/>bid<br/>begin week</p> <p>Change cream<br/>2hr apart daily<br/>bid<br/>begin week</p> <p>Change 1pm<br/>po qid</p> <p>metformin 800mg<br/>po qid</p> <p>QID 1000mg metformin</p> |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |
| Signature   | Initial | Signature | Initial | Signature | Initial | Signature | Initial | Signature | Initial | Signature | Initial | Signature | Initial | Signature | Initial | Signature | Initial | Signature | Initial | Signature | Initial | Signature | Initial | Signature | Initial | Signature | Initial | Signature | Initial | Signature | Initial | Signature |
| FACILITY  |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |
| DIAGNOSIS   |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |
| CHARTING FOR THROUGH  |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |
| DATE OF BIRTH OR SOC. SEC. NO. 1711/23/1970 ALLERGIES NO KNOWN ALLERGIES  |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |
| ME AND NUMBER   |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |         |           |

# MEDICATION ADMINISTRATION RECORD

## BOSWELL PHARMACY SERVICES

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## MEDICATIONS

Wetting agent =  $\text{PVA} + \text{PVA}$

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**MEDICATION ADMINISTRATION RECORD** ( ) **BOSWELL PHARMACY SERVICES**

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| MEDICATIONS   | TIME |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|---|------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
|   | 1    | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |    |
| MICONAZOLE NITRATE 2% CREAM<br>BAKER, MARK (MED DIR) DO<br>APPLY THINLY TO GROIN<br>CRASH TWICE DAILY X 30<br>DAYS  | 0700 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| IBUROFEN BUBBLE TABLET<br>SUB FOR MURIN BUBBLE TABLET BAKER, MARK<br>TAKE 1 TABLET BY MOUTH<br>FOUR TIMES DAILY WITH<br>FOOD X 30 DAYS (TAKE WITH<br>CARAFFE) | 0700 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| ORF   | 1900 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |

SUCRALFATE 1GM TABLET  
SDU FOR: CARPARET 1GM TABLET BAKER, MARK  
TAKE 1 TABLET BY MOUTH  
FOUR TIMES DAILY X 90  
DAYS (TAKE WITH MOTRIN)  
/SMAED

HYDROXYZINE PM 50MG CAP  
SUB FOR: VISTARIL 50MG CH/SH LINDEMUTH,  
TAKE 1 CAPSULE BY MOUTH  
AT BEDTIME AS NEEDED X 3  
DAYS  
2/3

ALPROZOLAM 1MG TABLET  
SUB FOR: XANX 1MG TABLET LINDEMUTH,  
TAKE 1 TABLET BY MOUTH  
THREE TIMES DAILY AS  
NEEDED X 30 DAYS

| Initial | Signature                 |
|---------|---------------------------|
| 2/3     | 2/20-03 X<br>M. A. G. - J |

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DATE OF BIRTH: 08/08/90 SOC SEC NO. N

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NAME AND NUMBER

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## CHARTING FOR THROUGH

## FACILITY

NAME AND NUMBER



## EDICATION ADMINISTRATION RECORD

(ALBI-283) ALBION CORRECTIONAL

01/2002

TO:

MEDICATIONS

RAZOLAM (XANAX) 1MG TAB

IF ONE TABLET(S) THREE TIMES A DAY BY

AS NEEDED FOR 90 DAYS

2879753 LINDEMUTH, PSYCH, ANGELA , PY

APT - 08/13/2002 8/12 STOP - 11/10/2002

ROXTIZINE-PM (VISTARIL) 50MG CAP

IF 1 CAPSULE(S) BY MOUTH AT BEDTIME AS  
NEEDED FOR 90 DAYS

2879760 LINDEMUTH, PSYCH, ANGELA , PY

APT - 08/13/2002 8/12 STOP - 11/10/2002

salt for saline  
rinse

8/15

x28d

Tolnaftate Cream  
BID x 30 days

8/27

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

MEDICATIONS

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

HARTING FOR 09/01/2002

THROUGH

09/30/2002

physician LINDEMUTH, PSYCH, ANGELA

Telephone No.

Medical Record No.

Physician

Alt. Telephone

NO KNOWN DRUG ALLERGY

Rehabilitative Potential

Diagnosis

Medicaid Number

Medicare Number

(Complete Entries Checked)

Title:

Date:



## MEDICATION ADMINISTRATION RECORD

01/2002

(ALBI-283) ALBION CORRECTIONAL

DT01

## MEDICATIONS

PRAZOSIN (XANAX) 1MG TAB

(E 1 TABLET(S) BY MOUTH 3 TIMES DAILY AS  
DEED FOR 90 DAYS 5/17

2692115 LINDEMUTH, PSYCH. ANGELA, PY

HRT - 05/19/2002 STOP - 08/16/2002

ESCAPIN (SINEQUAN-ADAPTIN) 50MG CAP

(E 1 CAPSULE(S) BY MOUTH AT BEDTIME FOR  
DAYS 5/17

2692115 LINDEMUTH, PSYCH. ANGELA, PY

HRT - 05/19/2002 STOP - 08/16/2002

HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

## MEDICATIONS

HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

|                       |                          |         |            |                          |                    |
|-----------------------|--------------------------|---------|------------|--------------------------|--------------------|
| STARTING FOR          | 07/01/2002               | THROUGH | 07/31/2002 | Telephone No.            | Medical Record No. |
| Physician             | LINDEMUTH, PSYCH. ANGELA |         |            | Alt. Telephone           |                    |
| NO KNOWN DRUG ALLERGY |                          |         |            | Rehabilitative Potential |                    |

gnosis

Patient Number

Medicare Number

Complete Entries Checked